

**U.S. Public Health Service  
Commissioned Corps Readiness Force  
Student Application**

Please initial next to each line on the form below confirming that you have met the CCRF course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the CCRF fax number on the following page.

INITIAL	APPLICATION PREREQUISITES
	Supervisor's permission to attend.
	Own at least 2 complete pairs of the working khakis.
	Completed physical exam (including medical review) on file with DCP within past 5 years.
	Certified in AHA BLS for Healthcare Providers and recorded on CCRF Officer Summary Page. <b>You must fax a copy of your BLS card (front and back) with your application.</b>
	Current licensure (if applicable) on file with DCP and recorded on CCRF Officer Summary Page.
	Immunization requirements completed <b>and recorded</b> on CCRF Officer Summary Page.
	Current APFT recorded on CCRF Officer Summary Page.
	Recorded height and weight on CCRF Officer Summary Page.
	Recorded the number of hours you practice your deployment role on CCRF Officer Summary Page.
	Current login and update of CCRF Officer Summary Page.
	Completion of sessions on the CCRF Online Training Program required to meet ADVANCED readiness level.



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12300 Twinbrook Parkway · Suite 360 · Rockville, MD 20857  
Fax (301) 443-3119



**APPLICATIONS MUST BE TYPEWRITTEN**

**(YOU MUST FILL IN EACH FIELD)**

Course Title:	Course Date: <b>Select only <b>ONE</b> course date</b>
<b>Combined Humanitarian Assistance Response Training Course (CHART)</b>	<input type="checkbox"/> August 2-6, 2004

PHS Serial Number (SERNO)	S.S.N.	Selected Deployment Role	BLS for Healthcare Provider Expiration Date

Name (LAST)	( FIRST)	Rank:	PHS Category:

Home Address:	City, State, Zip Code:

Home E-Mail:	Home Phone:	Mobile/Pager:

Duty Station Address:	City, State, Zip Code:

Work E-Mail:	Work Phone:	Work Fax:

OPDIV/Agency:	Current Job Title:

Mode of Transportation: check applicable	If traveling by air, please specify Airports of <b>Departure</b> :
<input type="checkbox"/> Automobile <input type="checkbox"/> Air Travel	1 <sup>st</sup> Choice      2 <sup>nd</sup> Choice

Have you attended this course in the past?
<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, when?

Why do you think you should be selected for this course? (Be specific)	
Supervisor's Name	Supervisor's Signature      Date